

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:

KINIKA MONIQUE WELLS	:	CHAPTER 13
	:	
Debtors.	:	CASE NO.: 17-62244-WLH
	:	

**COVER SHEET FOR AMENDMENT TO SCHEDULES I AND J**

Schedule I has been amended to reflect current household income

Schedule J has been amended to reflect current household expenses

Also included with this amendment are the Amended Summary of Schedules, Amended Statistical Summary and Amended Declaration of Schedules.

DATE: November 7, 2017

\_\_\_\_\_/s/\_\_\_\_\_  
Howard Slomka  
Georgia Bar # 652875  
Slipakoff and Slomka, P.C.  
Attorney for Debtor  
2859 Paces Ferry Road, SE,  
Suite 1700  
Atlanta, GA 30339  
Tel. 404-800-4001

**Fill in this information to identify your case:**

Debtor 1	Kinika	Monique	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia	
		(State)	
Case number (if known)	17-62244		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Occupation**

**Employer's name**

**Employer's address**

**How long employed there?**

**Debtor 1**

- ☒ Employed
- ☐ Not Employed

LPN

Optimum Pediatric Services LLC

2058 Reserve Pkwy  
Number Street

Mcdonough Georgia 30253  
City State Zip Code

3 months

**Debtor 2**

- ☐ Employed
- ☒ Not Employed

Number Street

City State Zip Code

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	\$4,459.00	\$0.00
3. Estimate and list monthly overtime pay.	+ \$0.00	+ \$0.00
4. Calculate gross income. Add line 2 + line 3.	\$4,459.00	\$0.00

Debtor 1 <u>Kinika</u> First Name	Monique Middle Name	Wells Last Name	Case number (if known) <u>17-62244</u>				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">For Debtor 1</th> <th style="width: 50%;">For Debtor 2 or non-filing spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">4. <u>\$4,459.00</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> </tbody> </table>	For Debtor 1	For Debtor 2 or non-filing spouse	4. <u>\$4,459.00</u>	<u>\$0.00</u>
For Debtor 1	For Debtor 2 or non-filing spouse						
4. <u>\$4,459.00</u>	<u>\$0.00</u>						
Copy line 4 here →							
<b>5. List all payroll deductions:</b>							
5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$1,103.31</u>	<u>\$0.00</u>				
5b. Mandatory contributions for retirement plans	5b.	<u>\$0.00</u>	<u>\$0.00</u>				
5c. Voluntary contributions for retirement plans	5c.	<u>\$0.00</u>	<u>\$0.00</u>				
5d. Required repayments of retirement fund loans	5d.	<u>\$0.00</u>	<u>\$0.00</u>				
5e. Insurance	5e.	<u>\$0.00</u>	<u>\$0.00</u>				
5f. Domestic support obligations	5f.	<u>\$0.00</u>	<u>\$0.00</u>				
5g. Union dues	5g.	<u>\$0.00</u>	<u>\$0.00</u>				
5h. Other deductions. Specify: _____	5h. +	<u>\$0.00</u>	<u>\$0.00</u>				
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.		6.	<u>\$1,103.31</u>				
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		7.	<u>\$3,355.69</u>				
<b>8. List all other income regularly received:</b>							
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
8a.		<u>\$0.00</u>	<u>\$0.00</u>				
8b. Interest and dividends							
8b.		<u>\$0.00</u>	<u>\$0.00</u>				
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
8c.		<u>\$0.00</u>	<u>\$0.00</u>				
8d. Unemployment compensation							
8d.		<u>\$0.00</u>	<u>\$0.00</u>				
8e. Social Security							
8e.		<u>\$0.00</u>	<u>\$0.00</u>				
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: <u>Food Assistance Programs Income</u>							
8f.		<u>\$0.00</u>	<u>\$0.00</u>				
8g. Pension or retirement income							
8g.		<u>\$0.00</u>	<u>\$0.00</u>				
8h. Other monthly income. Specify: _____		8h. +	<u>\$0.00</u>				
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.		9.	<u>\$0.00</u>				
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse		10.	<u>\$3,355.69</u>				
		+	<u>\$0.00</u>				
		=	<u>\$3,355.69</u>				
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____							
		11. +	<u>\$0.00</u>				
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12.	<u>\$3,355.69</u>				
		<b>Combined monthly income</b>					
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>							
<input type="checkbox"/> No.							
<input checked="" type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 600px;">Food stamps will end, but not sure when</span>							

**Fill in this information to identify your case:**

Debtor 1	Kinika	Monique	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Georgia
			(State)
Case number (If known)	17-62244		

Check if this is:

☒ An amended filing

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

10 years

☐ No.

☒ Yes.

Child

9 years

☐ No.

☒ Yes.

Child

14 years

☐ No.

☒ Yes.

Child

11 years

☐ No.

☒ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

**Your expenses**

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

\$1,350.00

If not included in line 4:

4a. Real estate taxes

4a

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1 Kinika	Monique	Wells	Case number (if known) 17-62244
First Name	Middle Name	Last Name	

  

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	\$200.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$15.00
6d. Other. Specify: _____	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$780.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$50.00
10. Personal care products and services	10.	\$0.00
11. Medical and dental expenses	11.	\$50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments	12.	\$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$245.00
15d. Other insurance. Specify: _____	15d	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16	\$0.00
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a	\$0.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify: _____	17c	\$0.00
17d. Other. Specify: _____	17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes.	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses.	20d	\$0.00
20e. Homeowner's association or condominium dues	20e	\$0.00

Debtor 1 Kinika Monique Wells Case number (if known) 17-62244  
 First Name Middle Name Last Name

21. Other. Specify: 21 \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$2,890.00
\$0.00
\$2,890.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22 above.

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

23a	\$3,355.69
23b	\$2,890.00
23c	\$465.69

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes

Explain here:

Fill in this information to identify your case:

Debtor 1	Kinika	Monique	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Georgia
			(State)
Case number (if known)	17-62244		

☒ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$18,155.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$18,155.00

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$26,997.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$6,414.50
<b>Your total liabilities</b>	<b>\$33,411.50</b>

#### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$3,355.69
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> .....	\$2,890.00

Debtor 1 Kinika Monique Wells Case number *(if known)* 17-62244  
 First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

**7. What kind of debt do you have?**

- ☐ Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$1,076.55

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**From Part 4 on Schedule E/F, copy the following:**

**Total claim**

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00



Fill in this information to identify your case:

Debtor 1	<u>Kinika</u>	<u>Monique</u>	<u>Wells</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>	District of	<u>Georgia</u>
			(State)
Case number (if known)	<u>17-62244</u>		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules - Amended

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Kinika Wells  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date 11/7/2017  
MM/DD/YYYY

Date \_\_\_\_\_  
MM/DD/YYYY

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:

KINIKA MONIQUE WELLS	:	CHAPTER 13
	:	
Debtors.	:	CASE NO.: 17-62244-WLH
	:	

**CERTIFICATE OF SERVICE**

This is to certify that I have this day served a copy of the within and foregoing Amended Schedules I and J, Amended Statistical Summary and Amended Declaration of Debtor's Schedules in the above styled case by depositing same in the United States mail with the adequate postage affixed thereto to insure delivery addressed as follows:

Nancy J. Whaley (served via ECF)  
Standing Chapter 13 Trustee  
303 Peachtree Center Avenue  
Suite 120  
Atlanta, GA 30303

Kinika Monique Wells  
1325 Six Flags Dr  
Apt 1501  
Austell, GA 30168

SEE ATTACHED FOR ADDITIONAL CREDITORS

DATE: November 7, 2017

\_\_\_\_\_/s/  
Howard Slomka  
Georgia Bar # 652875  
Slipakoff and Slomka, P.C.  
Attorney for Debtor  
2859 Paces Ferry Road, SE,  
Suite 1700  
Atlanta, GA 30339

Label Matrix for local noticing  
113E-1  
Case 17-62244-wlh  
Northern District of Georgia  
Atlanta  
Tue Nov 7 12:28:18 EST 2017

Acceptance Auto Insurance  
271 Temple Ave  
Newnan, GA 30263-1369

Afni, Inc  
PO BOX 3097  
BLOOMINGTON, IL 61702-3097

Bank Of America  
P.O. Box 25118  
Tampa, FL 33633-0001

CASH PLUS  
1400 N Park St  
Carrollton, GA 30117-2264

Chrysler Capital  
91 WALL STREET POB 666  
MADISON, CT 06443-0666

City Of Austin, Texas (Austin Energy)  
PO Box 2135  
Austin, TX 78768-2135

City Of Killeen Water  
PO Box 549  
Killeen, TX 76540-0549

ENHANCED RECOVERY CO L  
8014 BAYBERRY RD  
JACKSONVILLE, FL 32256-7412

Enterprise  
P.O. Box 99  
Lombard, IL 60148-0099

(p)GEORGIA DEPARTMENT OF REVENUE  
COMPLIANCE DIVISION  
ARCS BANKRUPTCY  
1800 CENTURY BLVD NE SUITE 9100  
ATLANTA GA 30345-3202

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

JH PORTFOLIO DEBT EQUI  
5757 PHANTOM DR STE 225  
HAZELWOOD, MO 63042-2429

Lake Crossing Apartments  
1325 Six Flags Drive  
Austell, GA 30168-7065

MRS BPO LLC  
1930 OLNEY AVE  
CHERRY HILL, NJ 08003-2016

NORTH AMERCN  
POB 182221  
CHATTANOOGA, TN 37422-7221

RMP SERVICES LLC  
200 N New Rd  
Waco, TX 76710-6932

Santander Consumer USA Inc.  
an Illinois corporation  
d/b/a Chrysler Capital.  
P.O. Box 961275  
Fort Worth, TX 76161-0275

U. S. Attorney  
600 Richard B. Russell Bldg.  
75 Ted Turner Drive, SW  
Atlanta GA 30303-3315

WSTSHMRK  
801 S ABE  
SAN ANGELO, TX 76903-6735

Howard P. Slomka  
Slipakoff & Slomka, PC  
Overlook III - Suite 1700  
2859 Pacas Ferry Rd, SE  
Atlanta, GA 30339-6213

Kinika Monique Wells  
1325 Six Flags Dr  
Apt 1501  
Austell, GA 30168-7088

Nancy J. Whaley  
Nancy J. Whaley, Standing Ch. 13 Trustee  
303 Peachtree Center Avenue  
Suite 120, Suntrust Garden Plaza  
Atlanta, GA 30303-1216

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Georgia Department Of Revenue  
1800 Century Blvd Suite 17200  
Atlanta, GA 30345

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)S&S Property Management	End of Label Matrix	
	Mailable recipients	22
	Bypassed recipients	1
	Total	23